

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 67

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Engel for Congress**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Michael Heller</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>16</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		16		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
05		16		2012									
<b>Mailing Address</b> 3135 Johnson Ave		<b>Transaction ID : AE21575A094764066818</b>											
<b>City</b> Bronx	<b>State</b> NY	<b>Zip Code</b> 10463-3518	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>						250.00				
					250.00								
<b>FEC ID number of contributing federal political committee.</b> C													
<b>Name of Employer</b> Jacobi Medical Center	<b>Occupation</b> Public Relations												
<b>Receipt For: 2012</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="5"></td> <td>250.00</td> </tr> </table>								250.00				
					250.00								

  

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Isaac K Fisher</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>15</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		15		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
05		15		2012									
<b>Mailing Address</b> 5881 SW 105th St		<b>Transaction ID : ACFEBBCA000AF49AABF3</b>											
<b>City</b> Miami	<b>State</b> FL	<b>Zip Code</b> 33156-4100	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>						500.00				
					500.00								
<b>FEC ID number of contributing federal political committee.</b> C													
<b>Name of Employer</b> Capital City	<b>Occupation</b> Real Estate												
<b>Receipt For: 2012</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>								500.00				
					500.00								

  

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Neil Garelik</b>		<b>Date of Receipt</b> <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	05		10		2012
M M M	/	D D D	/	Y Y Y Y Y Y									
05		10		2012									
<b>Mailing Address</b> 4495 Fieldston Rd		<b>Transaction ID : A092D53EB1F5D41B39AA</b>											
<b>City</b> Bronx	<b>State</b> NY	<b>Zip Code</b> 10471-3908	<b>Amount of Each Receipt this Period</b> <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>						500.00				
					500.00								
<b>FEC ID number of contributing federal political committee.</b> C													
<b>Name of Employer</b> Excel Security	<b>Occupation</b> Owner												
<b>Receipt For: 2012</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Election Cycle-to-Date</b> <table border="1"> <tr> <td colspan="5"></td> <td>500.00</td> </tr> </table>								500.00				
					500.00								

  

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	<table border="1"> <tr> <td colspan="5"></td> <td>1250.00</td> </tr> </table>						1250.00
					1250.00		
<b>TOTAL This Period (last page this line number only)</b> .....	<table border="1"> <tr> <td colspan="5"></td> <td></td> </tr> </table>						